

HOW TO COMPLETE YOUR APPLICATION FOR DISASTER UNEMPLOYMENT ASSISTANCE (DUA)

Enclosed is an application for DUA. Please read these instructions carefully before completing your application. Your benefits may be delayed if you fail to properly complete your application.

PERSONAL INFORMATION

Provide your name, (last, first and middle initial), social security number, complete mailing address, city, state, zip code, , telephone/message number (place an “M” in parenthesis if it is a message number only), gender (male or female), date of birth, county, e-mail address (if applicable), and check the appropriate race/ethnic box.

Check the appropriate boxes regarding U.S. citizenship. If you are not a U.S. Citizen or American National, you must certify that you have satisfactory immigration status, and provide your alien registration number and expiration date. You may be required to send a clear copy of both the front and back of your alien registration card.

Disaster Unemployment Assistance payments are tax deductible. Check the appropriate box if you want 10% of your benefits withheld for the IRS.

Section A. UNEMPLOYED WORKER DUE TO DISASTER

Explain *in detail* how the disaster directly caused your unemployment. Your written explanation will help us determine your eligibility for DUA benefits. It is important that you include as much *specific* information as possible.

Check the appropriate response for each of the questions. If your response has an asterisk (*) after it, you must provide more information.

Section B. WORK HISTORY

Starting with your most recent job, list all of your employment or self-employment you had in the 24-month period prior to the disaster. Enclose copies of your W-2's or pay stubs from each employer listed, or if self-employed, a copy of Schedule C, F, SE or K with Form 1040.

If you are unable to provide copies of the requested documents, but will be able to do so in the near future, or the requested documents were destroyed in the disaster, please provide that information in Section F., REMARKS.

Section C. LAST EMPLOYER INFORMATION - AT THE TIME OF THE DISASTER

Enter the information about the employer you were working for when the disaster occurred: company name, street address, city, state, zip code, telephone number, county, contact person, and title. Please complete all other questions in this section.

Section D. SELF-EMPLOYED

SELF-EMPLOYED - NOT WORKING FOR ANOTHER BUSINESS. Complete the form "Supplement to DUA Application for Self-Employed Individuals." Include a copy of Schedule C, F, SE or K with your Form 1040.

Section E. OTHER COMPENSATION

Check the appropriate "Yes" or "No" box for each question in this section. If you check "Yes" for any of the questions, you must provide more information on the form.

Section F. REMARKS

Use this space for responses to questions marked with an asterisk (*) or if you need more space.

Section G. APPLICANT CERTIFICATION AND SIGNATURE

The Employment Security Department is required by federal law to provide this statement. Please read this section carefully before signing and dating the form. If you do not sign and date the form, it will be returned to you and delay your claim.

FORWARDING INSTRUCTIONS

Completed forms and attachments should be mailed or faxed to:

Employment Security Department
Disaster Unemployment Assistance
PO Box 9046
Olympia, WA 98507-9046
Fax: (360) 902-9783

If you have questions, please call the DUA Unit at 1-877-416-7274 or email at DUA@esd.wa.gov.